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COVER LETTER

	istration Sectision of Corp			
SUBJECT:	ZESTY B	RANDS, LLC		
SOBSECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Hease return	all correspond	dence concerning this matter t	to the following:	
		EVGENII IANCHIK		
			Name of Person	
		ENTERVENDING, LLC.		
			Firm/Company	1000
		4700 N DIXIE HWY STE	12	
			Address	
		OAKLAND PARK, FL 333	334	
			City/State and Zip Code	
		INFO@ENTERVENDING.		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	formation cor	ncerning this matter, please ca	ill:	
EVGENIHANCHIK		at (<u>954</u>) <u>3482827</u> Area Code Daytime	 	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZESTY BRANDS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L16000201096 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: **EVGENILIANCHIK** Name of New Registered Agent: 17058 BOCA CLUB BLVD APT 1 New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cuy

BOCA RATON

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VALENTIN SAMORUKOV	9440 SW 8TH ST APT 405	
		BOCA RATON, FL 33428	□ Remove
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in effe	ective date is listed, the date must be s If the date inserted in this block of	specific and cannot be prior to date o	l filing or more than 90 da	ys after filing.) P	
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Filing Fee: \$25.00